

PART B - FEE(S) TRANSMITTAL

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MAR 12 2007

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35690 7590 12/20/2006
MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
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AUSTIN, TX 78701
03/12/2007 HDEMESS2 00000088 501505 10653029

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B. Noël Kivlin

(Depositor's name)

B
3-7-07

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/653,029	08/29/2003	Paul J. Garnett	5681-70800	1560

TITLE OF INVENTION: AGGREGATION SWITCH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/20/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
NGUYEN, HUNG THANH	2841	361-735000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Meyertons Hood Kivlin

1 **Kowert & Goetzel, P.C.**

2 **B. Noël Kivlin**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Sun Microsystems, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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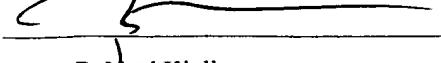
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A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Numbr **501505/5681-70800** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date **3-7-07**

Typed or printed name **B. Noël Kivlin**

Registration No. **PTO # 33,929**

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